FOR PROFIT CORPORATION UNIFORM-BUSINESS REPORT (UBR)

DOCUMENT # PO2000040849 1. Entity Name IRUNDA INC VRUNDA

FILED Mar 27, 2003 8:00 am Secretary of State 03-27-2003 90101 017 ***150.00

DO NOT WRITE IN				
2. Principal Place of Business 3. Mai				
11931 USHWY 301 N. (193) USHWY 301 1				
Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State THONOTOSASSA FL TH	& State	FL	4. FEI Number 02-0581 558	Applied For Not Applicable
Zip Country Zip	77(9) Count	us n su	Certificate of Status Desired	\$8.75 Additional
33592 USA	77316		7. Name and Address of Current Re	Fee Required
Name LIDENDOA Q CATCL				
DO NOT WRIT	E	Street Address (O.:Box Number is Not Acceptable)	THEC
1971 He Charles Tol North				r X
IN THIS SPACE PHONOTOSASSA				
			NOTOSA SSA	FL Zip Code
The above named entity submits this statement for the purp	ose of changing its registere			3331
the obligations of registered agent.		_	•	·
03-24-03				
SIGNATURE Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: Registered	Agent signature required	when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			Election Campaign Finance Trust Fund Contribution.	sing \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTO	RS			
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR